



**ILLINOIS DEPARTMENT OF PUBLIC HEALTH**  
***IMMT- PROGRAMS AND BEST PRACTICES (P&BP) SUBCOMMITTEE***

June 28, 2022  
3:00 pm – 4:00 pm

**Meeting Minutes**

**Members Present**

Dara Gray Basley  
Jessica Lamberson  
Patricia Lee King  
Ellen Mason  
Cynthia Price  
Joanna Su  
Santina Wheat

**DPH**

Alexander Smith  
Kenya McRae

**Guests**

Jose Ortiz  
Natalie Bullock  
Cynthia Wilson  
Timika Anderson Reeves  
Gabriela Valencia

**Video Conference:**

<https://illinois.webex.com/illinois/j.php?MTID=mc05091fb3362a0e10cee9c382c07618b>

Meeting number (access code): 245 673 85953

Meeting password: wfJd3Ds34z6

**Join by phone:**

+1-415-655-0002 US Toll  
Access code: 245 673 85953

**Call to Order**

The subcommittee meeting began at 3:04 pm with a welcome from Dara Gray Basley, Subcommittee Chair. Roll was taken, the agenda reviewed, and Minutes from the April meeting were reviewed. Patricia Lee King made a motion to accept the minutes as written, Ellen Mason seconded the motion and the subcommittee unanimously approved.

**Family Case Management (FCM) Program and Discussion**

Kenya McRae welcomed representatives from the Department of Human Services (DHS) and Access FCM who were in attendance to share information regarding Illinois' FCM program. The DHS representatives were Natalie Bullock and Cynthia Wilson. The Access representatives were Timika Anderson Reeves and

Gabriella Valencia. Cynthia gave an overview of the program and the process. She indicated that the average length of participants in the program is 6 months. They asked the group how the subcommittee and overall taskforce could help them to learn why people are dropping out of the program at only 6 months. The subcommittee mentioned it might be a good idea to connect DHS to the Community Engagement subcommittee because that group is conducting Listening Sessions.

Other topics discussed included:

FCM staff being concerned about going into environments they believe are unsafe.

The amount of information collected from participants. DHS said they know a lot is being asked of the participants and are willing to be flexible. They are trying to identify what is truly needed. They will send the subcommittee a document listing the information they collect at each touchpoint.

DHS is still thinking through what should be done in the 6- to 9-month period.

Illinois' three tier system in Illinois. The group discussed that the level of resources is not all equal across the tiers. The subcommittee wanted to know how many FCMs were incorporated into community- based organizations and how many were in WICs.

Cornerstone's need to evolve. Its good if you know how to use it, however, it has not evolved with the program.

COVID's impact on FCM. One subcommittee member asked whether the relationship between clinicians and FCMs worsened with COVID. DHS indicated that it varied. Some FCMs implemented virtual appointments. Some staff indicate that it's harder to get in touch with the physicians or to get calls back. Access FCM did not go remote during COVID because they did not feel they could maintain the connection. Access said they feel they have been successful because of the whole team working together. ACCESS has Care coordinators, providers, nurses and FCM partnering to give wrap around services.

Access shared that participants must have at least one home visit. They would recommend that they that they have at least two visits. It's important for the family case manager to lay their eyes on the participant. They also stressed that participants really need a frontline person with whom they can connect. It was acknowledged that standalone programs have many more challenges than an FQHC like Access because these standalone programs cannot collect certain information as easily (e.g., blood pressure values). Participants have difficulties remembering all the details.

There was a follow up question regarding how the collected data are being used to inform programming.

The subcommittee discussed a couple of ideas for recommendations:

- Evaluation of all three tiers. Create process that closes loops (referrals and women attended). Also why are women dropping out after 6 months. Referral to care and SDOH resources. Documentation needs to be secured in a common place. Need data broken down by demographics and regions.
- Navigation. Needing to provide a way improve communication and link resources. Relationships are key. People need to feel heard, connected, and respected.
- Could they system pair the care coordinator, FCM and physician/FQHC for a medical home?

**Public Comments**

There were no comments from the public.

**Adjournment**

With nothing further to discuss, Cynthia Price made a motion to adjourn, Santana Wheat seconded the motion and the group unanimously approved. The meeting was adjourned at 4:00 pm.

DRAFT